

TO BE COMPLETED BY CLERK'S OFFICE AND SHERIFF'S OFFICE

CHECK ONE: PROTECTION ORDER: STALKING ORDER: COURT CASE # SASO #

BRADY INDICATOR (COMPLETED BY SHERIFF'S OFFICE ONLY ON FINAL ORDERS).

IS THE RESTRAINED PERSON LEGALLY DENIED POSSESSION OF A FIREARM? YES NO

TO BE FILLED OUT BY THE PERSON SEEKING THE PROTECTION OR STALKING ORDER

The following information is needed to enter the Protection Order or Stalking Order into the National Crime Information Center (NCIC) database. The order can only be entered if identifying information is available for entry. Please fill out the information as completely and correctly as possible, be particularly careful with dates of birth, social security numbers and spelling of names. Thank you for your cooperation and care in this matter. PLEASE PRINT

RESTRAINED PERSON INFORMATION:

NAME: DATE OF BIRTH

SEX: RACE: HEIGHT: WEIGHT: HAIR: EYE:

CURRENT ADDRESS: CITY: ST:

SOC #: DRIVERS LICENSE STATE: DRIVERS LICENSE NUMBER:

ALIAS (AKA'S):

SCARS, MARKS, TATTOOS:

EMPLOYER: EMPLOYER PHONE NUMBER:

EMPLOYER ADDRESS:

VEHICLE INFORMATION: MAKE MODEL COLOR YEAR LICENSE AND STATE

HISTORY OF VIOLENCE OR THREATS AGAINST LAW ENFORCEMENT:

WEAPONS IN HOUSE AND LOCATION:

WEAPONS ON PERSON:

PROTECTED PERSON INFORMATION:

NAME: DATE OF BIRTH PHONE #

SEX: RACE: HEIGHT: WEIGHT: HAIR: EYE:

SOC #: DRIVERS LICENSE STATE: DRIVERS LICENSE NUMBER:

CURRENT ADDRESS:

(INCLUDE STREET ADDRESS, CITY, STATE)

WHAT IS RELATIONSHIP WITH DEFENDANT?

(HAVE YOU CO-HABITATED WITH DEFENDANT)

OTHER PROTECTED PERSONS (I.E.; CHILDREN, ETC.) INFORMATION:

NAME: DATE OF BIRTH

SEX: RACE: HEIGHT: WEIGHT: HAIR: EYE:

SOC #: OTHER:

NAME: DATE OF BIRTH

SEX: RACE: HEIGHT: WEIGHT: HAIR: EYE:

SOC #: OTHER:

ADD ADDITIONAL OTHER PROTECTED PERSONS TO THE BACK OF THIS FORM WITH ALL INFORMATION FROM ABOVE